

2005 11 47 FAX 2177328125

S&amp;N Display Fireworks

002/002

**ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE**

DATE(MM/DD/YYYY)

4/22/2008

INSURER Phone: 440-248-4711 Fax: 440-248-5406  
 Union-Gallagher and Associates, Inc.  
 40 SOM Center Rd.  
 Cleveland OH 44139

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

NAIC#

INSURED  
 S & N Display Fireworks Inc.  
 P.O. Box 823  
 Morton IL 62656

INSURER A Lexington Insurance Co

INSURER B Granite State Insurance Co

INSURER C Arch Specialty Ins Co

INSURER D Travelers Indemnity Co

25658

INSURER E

**COVERAGES**

ALL POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b>	6990350	12/19/2007	12/19/2008	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADJ INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPRE AGG \$2,000,000
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				
GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b>	CA38937192	12/19/2007	12/19/2008	COMBINED SINGLE LIMIT (EA OCCUR) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				
<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
<input type="checkbox"/> ANY AUTO				
<b>EXCESS/UMBRELLA LIABILITY</b>	UPL001202502	12/19/2007	12/19/2008	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$ \$
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> CREDIBLE <input checked="" type="checkbox"/> RETENTION 100,000				
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	1292C906	12/20/2007	12/20/2008	<input checked="" type="checkbox"/> WC STATUS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$500,000 EL DISEASE - EA EMPLOYEE \$500,000 EL DISEASE - POLICY LIMIT \$500,000
ANY PROPRIETOR/PARTNER/EXECUTIVE/SUPERVISOR EXCLUDED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SPECIAL PROVISIONS/NOTES: OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:  
 Location: On the corner of Levee Road and Capital Street on Levee Out Over The Mississippi River Additional  
 Address: New Madrid Chamber of Commerce 550 Main St. P.O. Box 96 New Madrid, MO 63869, City Of New Madrid 550 Main St.  
 New Madrid, MO 63869 & St. John's Levee District P.O. Box 40 New Madrid, MO 63869

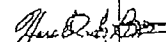
**CERTIFICATE HOLDER**

City of New Madrid  
 P.O. Box 96  
 New Madrid MO 63869

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD 25 (2001/08)

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EXHIBIT

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